

Magnolia Reviews of Texas, LLC

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Notice of Independent Review Decision

[Date notice sent to all parties]:

9/8/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar transforaminal ESI to target L4-L5

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Anesthesiologist, Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on xx/xx/xx, which occurred when he fell off a ladder. The patient was diagnosed with lumbosacral neuritis/radiculitis, not otherwise specified. Diagnostic studies submitted for review includes an x-ray of the lumbar spine performed on 12/12/2014, which revealed no acute fracture or subluxation. An MRI of the lumbar spine performed on 02/17/2015 revealed minimal degenerative disc changes are seen as symmetric to the left foraminal region at L2-3 and L3-4 without associated spinal canal or foraminal narrowing; with a broad based central disc protrusion at L4-5 noted with moderate facet arthropathy resulting in mild narrowing of the thecal sac, with no foraminal narrowing seen but there was a minimal narrowing of the subarticular region where the L5 nerve roots would be located; a tiny central in fairly directed disc extrusion at L5-S1 without associated spinal canal or foraminal narrowing. An NCV and EMG report dated 07/02/2015 revealed that the EMG was compatible with bilateral L5-S1 radiculopathies. Treatment to date has included the use of medications, activity

modifications and physical therapy. Current medications include tramadol and Victoza. According to the most recent clinical note submitted for review dated 06/30/2015, the patient was seen for a followup evaluation with complaints of lower back pain and numbness. Physical examination revealed pain to palpation over the left and right lumbar paraspinal muscles. Muscle strength was 5/5 at the iliopsoas, quadriceps, hip adductors, gluteus maximus and medius. Range of motion was limited with extension, flexion, and lateral bending, and rotation. There was noted to be decreased sensation at the L4, L5 and S1 distribution. A positive right straight leg raise was noted. Bilateral faber's test was positive. The treatment plan indicated that the patient was to undergo an epidural steroid injection. This request was previously denied on 06/09/2015, and 07/08/2015, given that the MRI report submitted did not indicate nerve root compression, and the physical examination did not show clear evidence of radiculopathy. The request is for a lumbar transforaminal ESI to target L4-5.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical documentation submitted for review, and the Official Disability Guideline recommendations, this request is supported. According to the Official Disability Guidelines, radiculopathy must be documented, with objective findings on examination, and must be corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment to include exercises. The clinical records submitted for review indicates that this request was previously denied on 06/09/2015, and 07/08/2015, given that the MRI report submitted did not show clear indication of nerve root impingement, and the physical examination did not show clear objective evidence of radiculopathy. However, a recent electrodiagnostic report dated 07/02/2015 was submitted for review, which indicates L5-S1 radiculopathies. In addition, the most recent clinical submitted for review indicated that the patient was seen with subjective complaints of radicular symptoms to include numbness and tingling in the lower extremities. The physical examination performed also revealed a positive straight leg raise on the right, with sensory deficits in the L4, L5 and S1 distribution, which is consistent with radicular findings. The records indicate that the patient has failed all initial conservative care treatments, to include the use of oral medications, activity modifications, and physical therapy. Given that the clinical records submitted for review now include an electrodiagnostic report which indicates L5-S1 radiculopathies, and the most recent physical examination submitted for review indicates decreased sensation and a positive straight leg raise, with subjective complaints of numbness and tingling in the lower extremities, and the patient has failed all initial conservative care treatments, the requested lumbar Transforaminal ESI to target L4-5 is supported, and the previous determine is overturned.

IRO REVIEWER REPORT TEMPLATE -WC

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES,
Low Back, Epidural steroid injections (ESIs), therapeutic**